



# Specialized ICD-10-CM Coding Training *For Local Health Departments and Rural Health*

## STD, HIV, Communicable Disease





# STD, HIV, Communicable Disease Training Objectives

- Develop a general understanding of the coding guidelines for those chapters in ICD-10-CM that will be utilized by health department staff for coding encounters in STD, HIV, Communicable Disease
- Demonstrate how to accurately assign ICD-10-CM codes using STD, HIV, Communicable Disease scenarios

**NOTE:** Basic ICD-10-CM Coding training is a prerequisite for this course



# Chapter 21

## Factors influencing health status and contact with health services Instructional Notes

- **Code Range: Z00~Z99**
- Z codes represent reasons for encounters
- CPT code must accompany Z codes if a procedure is performed
- Provided for occasions when circumstances other than a disease, injury or external cause classifiable to categories A00~Y89 are recorded as 'diagnoses' or 'problems'
  - This can arise in two main ways:
    - When a person who may or may not be sick encounters health services for some specific purpose
      - Examples: Encounter for screening for respiratory tuberculosis
    - When some circumstance or problem is present which influences the person's health status but is not in itself a current illness or injury
      - Example: Pregnancy, incidental



# Chapter 21

## Factors influencing health status and contact with health services

### Content

Chapter 21 contains the following block – 1<sup>st</sup> character is Z

Z00-Z13	Persons encountering health services for examinations	Z40-Z53	Encounters for other specific health care
Z14-Z15	Genetic carrier and genetic susceptibility to disease	Z55-Z65	Persons with potential health hazards related to socioeconomic and psychosocial circumstances
Z16	Resistance to antimicrobial drugs	Z66	Do not resuscitate status
Z17	Estrogen receptor status	Z67	Blood type
Z18	Retained foreign body fragments	Z68	Body mass index (BMI)
Z20-Z28	Persons with potential health hazards related to communicable diseases	Z69-Z76	Persons encountering health services in other circumstances
Z30-Z39	Persons encountering health services in circumstances related to reproduction	Z77-Z99	Persons with potential health hazards related to family and personal history and certain conditions influencing health status



# Chapter 21

## Factors influencing health status and contact with health services Coding Guidelines

- **Contact/Exposure (Categories Z20 and Z77)**
  - Category Z20 indicates contact with, and suspected exposure to, communicable diseases
    - Do not show any sign or symptom of a disease
    - Suspected to have been exposed to a disease by close personal contact with an infected individual or are in an area where a disease is epidemic
    - **Z20.4 Contact with and (suspected) exposure to rubella**
  - Category Z77 indicates contact with and suspected exposures hazardous to health
    - **Z77.011 Contact with and (suspected) exposure to lead**
  - Contact/exposure codes may be used as a first-listed code to explain an encounter for testing, or, more commonly, as a secondary code to identify a potential risk





# Chapter 21

## Factors influencing health status and contact with health services

### Coding Guidelines

- **Inoculations and vaccinations (Code Z23)**

- **Z23** Encounter for immunization

**Code first** any routine childhood examination

- Indicates client is being seen to receive a prophylactic inoculation against a disease
- Procedure codes are required to identify the actual administration of the injection and the type(s) of immunizations given
- Code Z23 may be used as a secondary code if the inoculation is given as a routine part of preventive health care, such as a well-baby visit
  - **Z00.129** Encounter for routine child health examination without abnormal findings
  - Z23** Encounter for immunization



## Chapter 21 Z Codes and Immunizations

- Z28 Immunization not carried out (*except for Z28.3*)
  - Z28.0~ Immunization not carried out because of contraindication
    - e.g., acute illness, patient allergy
  - Z28.1 Immunization not carried out because of patient decision for reasons of belief or group pressure
  - Z28.2~ Immunization not carried out because of patient decision for other and unspecified reason
    - e.g., patient refusal
  - Z28.8~ Immunization not carried out for other reason
  - Z28.9 Immunization not carried out for unspecified reason
- Z28.3, Underimmunization status
  - Includes delinquent or lapsed immunization schedule status



# Chapter 21

## Factors influencing health status and contact with health services Coding Guidelines

- **Status Codes**

- Indicate a client is either
  - carrier of a disease (**Z21** Asymptomatic HIV infection status)
  - has the sequelae or residual of a past disease or condition (**Z22.51** Carrier of viral hepatitis B)
- Include such things as the presence of prosthetic or mechanical devices resulting from past treatment (**Z97.0** Presence of artificial eye)
- Are informative ~ the status may affect the course of treatment and its outcome (**Z28.3** Delinquent immunization status)
- Are distinct from history codes which indicate the client no longer has the condition (**Z86.11** Personal history of tuberculosis)





# Chapter 21

## Factors influencing health status and contact with health services

### Coding Guidelines

- **Status Z codes/categories are:**
  - Z16 Resistance to antimicrobial drugs - Code indicates that a client has a condition that is resistant to antimicrobial drug treatment
    - Sequence the infection code first
  - Z17 Estrogen receptor status
  - Z18 Retained foreign body fragments
  - Z21 Asymptomatic HIV infection status - Code indicates that a client has tested positive for HIV but has manifested no signs or symptoms of the disease
  - Z22 Carrier of infectious disease - Indicates that a person harbors the specific organisms of a disease without manifest symptoms and is capable of transmitting the infection (Example: **Z22.0** Carrier of Typhoid)
  - Z33.1 Pregnant state, incidental – secondary code used when the pregnancy is in no way the complicating reason for the visit



# Chapter 21

## Factors influencing health status and contact with health services

### Coding Guidelines

- **Status Z codes/categories are:**
  - Z79 Long-term (current) drug therapy ~ Indicates a client's continuous use of a prescribed drug (including such things as aspirin therapy) for the long-term treatment of a chronic condition (e.g., arthritis), for prophylactic use (such as for the prevention of deep vein thrombosis), or a disease requiring a lengthy course of treatment (such as TB)
    - It is **not** for use for clients who have addictions to drugs
    - It is **not** for use of medications for detoxification or maintenance programs to prevent withdrawal symptoms in patients with drug dependence (e.g., methadone maintenance for opiate dependence)
      - Assign the appropriate code for the drug dependence instead
  - Do not assign a code from category Z79 for medication being administered for a brief period of time to treat an acute illness or injury (such as a course of antibiotics to treat acute bronchitis)



# Chapter 21

## Factors influencing health status and contact with health services

### Coding Guidelines

- **Status Z codes/categories are:**
  - Z14 Genetic carrier ~ indicates that a person carries a gene, associated with a particular disease, which may be passed to offspring who may develop that disease
    - The person does not have the disease and is not at risk of developing the disease
  - Z15 Genetic susceptibility to disease ~ indicates that a person has a gene that increases the risk of that person developing the disease
    - Codes from category Z15 should not be used as first-listed codes
    - If the client has the condition to which he/she is susceptible, and that condition is the reason for the encounter, the current condition should be first-listed
    - If the client is being seen for follow-up after completed treatment for this condition, and the condition no longer exists a follow-up code should be sequenced first, followed by the appropriate personal history and genetic susceptibility codes
    - If the purpose of the encounter is genetic counseling associated with procreative management, **Z31.5, Encounter for genetic counseling**, should be assigned as the first-listed code, followed by a code from category Z15. Additional codes should be assigned for any applicable family or personal history



# Chapter 21

## Factors influencing health status and contact with health services Coding Guidelines

- **Status Z codes/categories are:**
  - Z66 Do not resuscitate ~ Used when it is documented by the provider that a client is on “Do not resuscitate” (DNR) status
  - Z67 Blood type
  - Z68 Body mass index (BMI)
  - Z74.01 Bed confinement status
  - Z76.82 Awaiting organ transplant status
  - Z78 Other specified health status
  - Z78.1 Physical restraint status, may be used when it is documented by the provider that a client has been put in restraints during the current encounter
    - This code should not be reported when it is documented by the provider that a client is temporarily restrained during a procedure



# Chapter 21

## Factors influencing health status and contact with health services Coding Guidelines

- **Status Z codes/categories are:**
  - Z88 Allergy status to drugs, medicaments and biological substances
  - Z89 Acquired absence of limb
  - Z90 Acquired absence of organs, not elsewhere classified
  - Z91.0 Allergy status, other than to drugs and biological substances
  - Z93 Artificial opening status
  - Z94 Transplanted organ and tissue status
  - Z95 Presence of cardiac and vascular implants and grafts
  - Z96 Presence of other functional implants
  - Z97 Presence of other devices
  - Z98 Other post-procedural states
  - Z99 Dependence on enabling machines and devices, not elsewhere classified





# Chapter 21

## Factors influencing health status and contact with health services

### Coding Guidelines

- **History (of) – Personal and Family**
  - Personal history codes explain a client's past medical condition that no longer exists and is not receiving any treatment
    - Has the potential for recurrence, and therefore may require continued monitoring
    - Personal history codes may be used in conjunction with **follow-up codes**
  - Family history codes are for use when a client has a family member(s) who has had a particular disease that causes the client to be at higher risk of also contracting the disease
    - Family history codes may be used in conjunction with **screening codes** to explain the need for a test or procedure
  - History codes are acceptable on any medical record regardless of the reason for visit
    - A history of an illness, even if no longer present, is important information that may alter the type of treatment ordered



# Chapter 21

## Factors influencing health status and contact with health services Coding Guidelines

- **History (of) Z codes/categories are:**
  - Z80 Family history of primary malignant neoplasm
  - Z81 Family history of mental and behavioral disorders
  - Z82 Family history of certain disabilities and chronic diseases (leading to disablement)
  - Z83 Family history of other specific disorders
  - Z84 Family history of other conditions
  - Z85 Personal history of malignant neoplasm
  - Z86 Personal history of certain other diseases
  - Z87 Personal history of other diseases and conditions
  - Z91.4~ Personal history of psychological trauma, not elsewhere classified
  - Z91.5 Personal history of self-harm
  - Z91.8~ Other specified personal risk factors, NEC (Except Z91.83)
  - Z92 Personal history of medical treatment (Except Z92.0 and Z92.82)



# Chapter 21

## Factors influencing health status and contact with health services Coding Guidelines

- **Screening**

- Testing for disease or disease precursors in seemingly well individuals so early detection and treatment can be provided for those who test positive for the disease (**Z11.3** Encounter for screening for infections with a predominantly sexual mode of transmission)
- Screening code may be a first-listed code if the reason for the visit is specifically the screening exam
  - Should a condition be discovered during the screening then the code for the condition may be assigned as an additional diagnosis
- Screening code may also be used as an additional code if the screening is done during an office visit for other health problems
- Screening code is not necessary if the screening is inherent to a routine examination
- In addition to the Z code, a procedure code is required to confirm that the screening was performed



# Chapter 21

## Factors influencing health status and contact with health services Coding Guidelines

- **Observation**
  - **Two observation Z code categories:**
    - Z03 Encounter for medical observation for suspected diseases and conditions ruled out
    - Z04 Encounter for examination and observation for other reasons
      - Example: Z04.8, Encounter for examination and observation for other specified reasons
      - Possible use: Direct observe therapy to ensure client takes TB meds
  - Used in very limited circumstances
    - Person is observed for suspected condition that is ruled out
    - Administrative and legal observation status
  - Observation codes are not for use if an injury or illness or any signs or symptoms related to the suspected condition are present
    - In such cases, the diagnosis/symptom code is used



# Chapter 21

## Factors influencing health status and contact with health services

### Coding Guidelines

- **Follow-up**
  - Codes used to explain continuing surveillance following completed treatment of a disease, condition, or injury
    - They imply that the condition has been fully treated and no longer exists
    - Not aftercare codes, or injury codes with a 7th character for subsequent encounter, that explain ongoing care of a healing condition or its sequelae
    - Follow-up codes may be used in conjunction with history codes to provide the full picture of the healed condition and its treatment
      - Follow-up code is sequenced first, followed by the history code
  - A follow-up code may be used to explain multiple visits
    - Z09 Encounter for follow-up examination after completed treatment for conditions other than malignant neoplasms
  - Should a condition be found to have recurred on the follow-up visit, then the diagnosis code for the condition should be assigned in place of the follow-up code





# Chapter 21

## Factors influencing health status and contact with health services Coding Guidelines

- **Counseling**
  - Client/family member receives assistance in aftermath of illness/injury, or support is required in coping with family/social problems
    - Not used with a diagnosis code when counseling component is considered integral to standard treatment
- **Counseling Z codes/categories:**
  - Z30.0- Encounter for general counseling and advice on contraception
  - Z31.5 Encounter for genetic counseling
  - Z31.6- Encounter for general counseling and advice on procreation
  - Z32.2 Encounter for childbirth instruction
  - Z32.3 Encounter for childcare instruction
  - Z69 Encounter for mental health services for victim and perpetrator of abuse
  - Z70 Counseling related to sexual attitude, behavior and orientation
  - Z71 Persons encountering health services for other counseling and medical advice, not elsewhere classified
  - Z76.81 Expectant mother prebirth pediatrician visit



# Chapter 21

## Factors influencing health status and contact with health services

### Coding Guidelines

- **Routine and administrative examinations**
  - Includes encounters for routine examinations and examinations for administrative purposes (e.g., a pre-employment physical)
    - Do not use these codes if the examination is for diagnosis of a suspected condition or for treatment purposes; in such cases the diagnosis code is used
  - During a routine exam, any diagnosis or condition discovered during the exam should be coded as an additional code
  - Pre-existing and chronic conditions and history codes may be included as additional codes as long as the examination is for administrative purposes and not focused on any particular condition
  - Some codes for routine health examinations distinguish between “with” and “without” abnormal findings
    - Code assignment depends on the information that is known at the time the encounter is being coded
    - When assigning a code for “with abnormal findings,” additional code(s) should be assigned to identify the specific abnormal finding(s)



# Chapter 21

## Factors influencing health status and contact with health services Coding Guidelines

- **Routine and administrative examinations**
  - Pre-operative examination and pre-procedural laboratory examination  
Z codes are for use only in those situations when a client is being cleared for a procedure or surgery and no treatment is given
- **Z codes/categories for routine and administrative examinations**
  - Z00 Encounter for general examination without complaint, suspected or reported diagnosis
  - Z01 Encounter for other special examination without complaint, suspected or reported diagnosis
  - Z02 Encounter for administrative examination
    - Except: Z02.9, Encounter for administrative examinations, unspecified
  - Z32.0- Encounter for pregnancy test



# Chapter 21

## Factors influencing health status and contact with health services Coding Guidelines

- **Miscellaneous Z codes**

- These codes capture a number of other health care encounters that do not fall into one of the other categories
  - May identify the reason for the encounter
  - May be used as additional codes to provide useful information on circumstances that may affect a patient's care and treatment

- **Miscellaneous Z codes/categories**

- Z28 Immunization not carried out
  - Except: Z28.3, Underimmunization status
- Z40 Encounter for prophylactic surgery
- Z41 Encounter for procedures for purposes other than remedying health state
  - Except: Z41.9, Encounter for procedure for purposes other than remedying health state, unspecified



# Chapter 21

## Factors influencing health status and contact with health services Coding Guidelines

- **Miscellaneous Z codes/categories (cont'd)**
  - Z53 Persons encountering health services for specific procedures and treatment, not carried out
  - Z55 Problems related to education and literacy
  - Z56 Problems related to employment and unemployment
  - Z57 Occupational exposure to risk factors
  - Z58 Problems related to physical environment
  - Z59 Problems related to housing and economic circumstances
  - Z60 Problems related to social environment
  - Z62 Problems related to upbringing
  - Z63 Other problems related to primary support group, including family circumstances
  - Z64 Problems related to certain psychosocial circumstances
  - Z65 Problems related to other psychosocial circumstances





# Chapter 21

## Factors influencing health status and contact with health services Coding Guidelines

- **Miscellaneous Z codes/categories (cont'd)**
  - Z72 Problems related to lifestyle
  - Z73 Problems related to life management difficulty
  - Z74 Problems related to care provider dependency
    - Except: Z74.01, Bed confinement status
  - Z75 Problems related to medical facilities and other health care
  - Z76.0 Encounter for issue of repeat prescription
  - Z76.3 Healthy person accompanying sick person
  - Z76.4 Other boarder to healthcare facility
  - Z76.5 Malingerer [conscious simulation]
  - Z91.1~ Patient's noncompliance with medical treatment and regimen
  - Z91.83 Wandering in diseases classified elsewhere
  - Z91.89 Other specified personal risk factors, not elsewhere classified



# Chapter 21

## Factors influencing health status and contact with health services Coding Guidelines

- **Z Codes That May Only be First-Listed Diagnosis**
  - Except when there are multiple encounters on the same day and the medical records for the encounters are combined
  - Z00 Encounter for general examination without complaint, suspected or reported diagnosis
  - Z01 Encounter for other special examination without complaint, suspected or reported diagnosis
  - Z02 Encounter for administrative examination
  - Z03 Encounter for medical observation for suspected diseases and conditions ruled out
  - Z04 Encounter for examination and observation for other reasons
  - Z33.2 Encounter for elective termination of pregnancy
  - Z31.81 Encounter for male factor infertility in female patient
  - Z31.82 Encounter for Rh incompatibility status
  - Z31.83 Encounter for assisted reproductive fertility procedure cycle



# Chapter 21

## Factors influencing health status and contact with health services

### Questions/Group Exercise

- Questions?
- **Scenario 1:** *Client returns today to be screened once again for HIV. The laboratory evidence for the HIV test conducted 2 weeks ago was inconclusive. HIV counseling was provided during the previous visit but client has questions that required additional counseling during today's visit.*
- **Scenario 2:** *Client ate at the Rise and Shine Restaurant on 10/2/15 and saw on the news where a restaurant employee was positive for Viral Hepatitis so patrons need to be vaccinated. Hepatitis vaccine was administered.*



# Chapter 1

## Certain Infectious and Parasitic Diseases

- **Infectious Diseases** – pathogens invade the body and cause a disease
- **Parasitic Diseases** – parasite lives within a host organism and causes disease in the host
- **Code Range: A00-B99**
  - **Includes:** diseases generally recognized as communicable or transmissible
  - **Use additional** code to identify resistance to antimicrobial drugs (Z16~)
  - **Excludes1:**
    - certain localized infections ~ see body system-related chapters
    - infectious and parasitic diseases complicating pregnancy, childbirth and the puerperium (O98.~)
    - influenza and other acute respiratory infections (J00-J22)
  - **Excludes2:**
    - carrier or suspected carrier of infectious disease (Z22.~)
    - infectious and parasitic diseases specific to the perinatal period (P35-P39)



# Chapter 1

## Certain Infectious and Parasitic Diseases

### Content

**Chapter 1 contains the following blocks – 1<sup>st</sup> character A or B**

A00-A09	Intestinal infectious diseases	B10	Other human herpes viruses
A15-A19	Tuberculosis	B15-B19	Viral hepatitis
A20-A28	Certain zoonotic bacterial diseases	B20	Human immunodeficiency virus [HIV] disease
A30-A49	Other bacterial diseases	B25-B34	Other viral diseases
A50-A64	Infections with a predominantly sexual mode of transmission	B35-B49	Mycoses
A65-A69	Other spirochetal diseases	B50-B64	Protozoal diseases
A70-A74	Other diseases caused by chlamydiae	B65-B83	Helminthiases
A75-A79	Rickettsioses	B85-B89	Pediculosis, acariasis and other infestations
A80-A89	Viral and prion infections of the central nervous system	B90-B94	Sequelae of infectious and parasitic diseases
A90-A99	Arthropod-borne viral fevers and viral hemorrhagic fevers	B95-B97	Bacterial and viral infectious agents
B00-B09	Viral infections characterized by skin and mucous membrane lesions	B99	Other infectious diseases





# Chapter 1

## Certain Infectious and Parasitic Diseases

### Content

- Organism types are classified into the following groups:
  - Bacteria (Examples: Salmonella Food Poisoning, UTI, TB)
    - Type of organism
    - Body site
    - Specific bacteria causing infection, if known
  - Fungi (Examples: Athlete's Foot, Thrush, Ringworm)
  - Parasites (Example: A tapeworm attaches to the intestinal wall of its host, causing weight loss)
  - Viruses (Examples: Chickenpox, AIDS, German Measles)



# Chapter 1

## Certain Infectious and Parasitic Diseases

### Coding Guidance – HIV

- HIV Infections
  - Code only confirmed cases of HIV infection/illness
    - Confirmation does not require documentation of positive serology or culture for HIV
    - Provider's statement that client is HIV positive, or has an HIV-related illness, is sufficient
  - If client is HIV positive and asymptomatic, do not code from Chapter 1
- HIV testing ~ Z11.4, Encounter for screening for HIV
  - Use additional codes for any associated high risk behavior (e.g., Z72.5~, High risk sexual behavior) or for any counseling provided (Z71.7)

#### **Human immunodeficiency virus [HIV] disease (B20)**

#### **B20 Human immunodeficiency virus [HIV] disease**

**Includes:** acquired immune deficiency syndrome [AIDS]  
AIDS-related complex [ARC]  
HIV infection, symptomatic

**Code first** Human immunodeficiency virus [HIV] disease complicating pregnancy, childbirth and the puerperium, if applicable (O98.7-)

**Use additional** code(s) to identify all manifestations of HIV infection

**Excludes1:** asymptomatic human immunodeficiency virus [HIV] infection status (Z21)  
exposure to HIV virus (Z20.6)  
inconclusive serologic evidence of HIV (R75)



# Chapter 1

## Certain Infectious and Parasitic Diseases

### Coding Guidance – Other Infections

- Infectious agents as cause of diseases classified to other chapters
  - If organism is not identified as part of the infections code, use additional code from Chapter 1 to identify the organism

#### **N43 Hydrocele and spermatocele**

**Includes:** hydrocele of spermatic cord, testis or tunica vaginalis

**Excludes1:** congenital hydrocele (P83.5)

#### **N43.0 Encysted hydrocele**

#### **N43.1 Infected hydrocele**

**Use additional code (B95-B97), to identify infectious agent**

- Infections resistant to antimicrobial drugs
  - Code first the infection
  - Assign additional code from category Z16 to identify resistance/non-responsiveness of a condition to antimicrobial drugs unless
    - Infection code identifies drug resistance (e.g., Methicillin resistant *Staphylococcus aureus* pneumonia, J15.212)



# Chapter 1

## Certain Infectious and Parasitic Diseases

### Coding Guidance – MRSA

- Methicillin Resistant Staphylococcus aureus (MRSA) conditions
  - If there is a combination code that includes the causal organism:
    - Assign the combination code (e.g., J15.212, Pneumonia due to Methicillin resistant Staphylococcus aureus)
    - Do Not assign B95.62, Methicillin resistant Staphylococcus aureus infection as the cause of diseases classified elsewhere, as additional code
    - Do Not assign a code from Z16, Resistance to antimicrobial drugs
  - If there is documentation of a current infection (e.g., UTI) due to MRSA and there is no combination code that includes the causal organism:
    - List first the infection (e.g., N39.0, Urinary Tract Infection, site not specified)
    - Assign B95.62, Methicillin resistant Staphylococcus aureus infection as the cause of diseases classified elsewhere, as an additional code
    - Do Not assign code Z16.11, Resistance to penicillins



# Chapter 1

## Certain Infectious and Parasitic Diseases

### Coding Guidance – MRSA and MSSA Colonization

- Methicillin susceptible *Staphylococcus aureus* (MSSA) and MRSA colonization
  - Colonization means that MSSA or MRSA is present on or in the body without necessarily causing illness
  - A positive MRSA colonization test might be documented by a clinician as “MRSA screen positive” or “MRSA nasal swab positive”
    - For clients documented as having MRSA colonization, assign code Z22.322, Carrier or suspected carrier of Methicillin resistant *Staphylococcus aureus*
    - For clients documented as having MSSA colonization, assign code Z22.321, Carrier or suspected carrier of Methicillin susceptible *Staphylococcus aureus*
    - If a client has MRSA colonization and an infection, code Z22.322 and the MRSA infection





# Chapter 1

## Certain Infectious and Parasitic Diseases

### Coding Guidance – Sepsis

- For a diagnosis of sepsis, assign the appropriate code for the underlying systemic infection
  - If type of infection or causal organism is not further specified, use A41.9
- Severe Sepsis, R65.2, should not be assigned unless Severe Sepsis or an associated organ dysfunction is documented:
  - Negative or inconclusive blood cultures do not preclude diagnosis of sepsis; Any clinical evidence of the condition must be documented
  - Urosepsis is a nonspecific term and there is not default code
  - Sepsis with organ dysfunction – follow instructions for coding severe sepsis
  - Acute organ dysfunction not clearly associated with sepsis
    - If there is documentation that acute organ dysfunction is related to a medical condition other than sepsis, do not assign Severe Sepsis code
    - If the documentation is not clear as to cause of organ dysfunction, query the clinician
- For further guidance related to Sepsis, refer to Coding Guidelines

# Tracking the West Africa Ebola Outbreak

## ICD-10

A Common Language  
for Monitoring  
Global Health  
Threats

4000+ cases ~ 2000+ deaths



No specific  
ICD-9 code  
for Ebola



Ebola shares code 078.89 with  
multiple viral diseases that have  
not been assigned a specific  
code in ICD-9

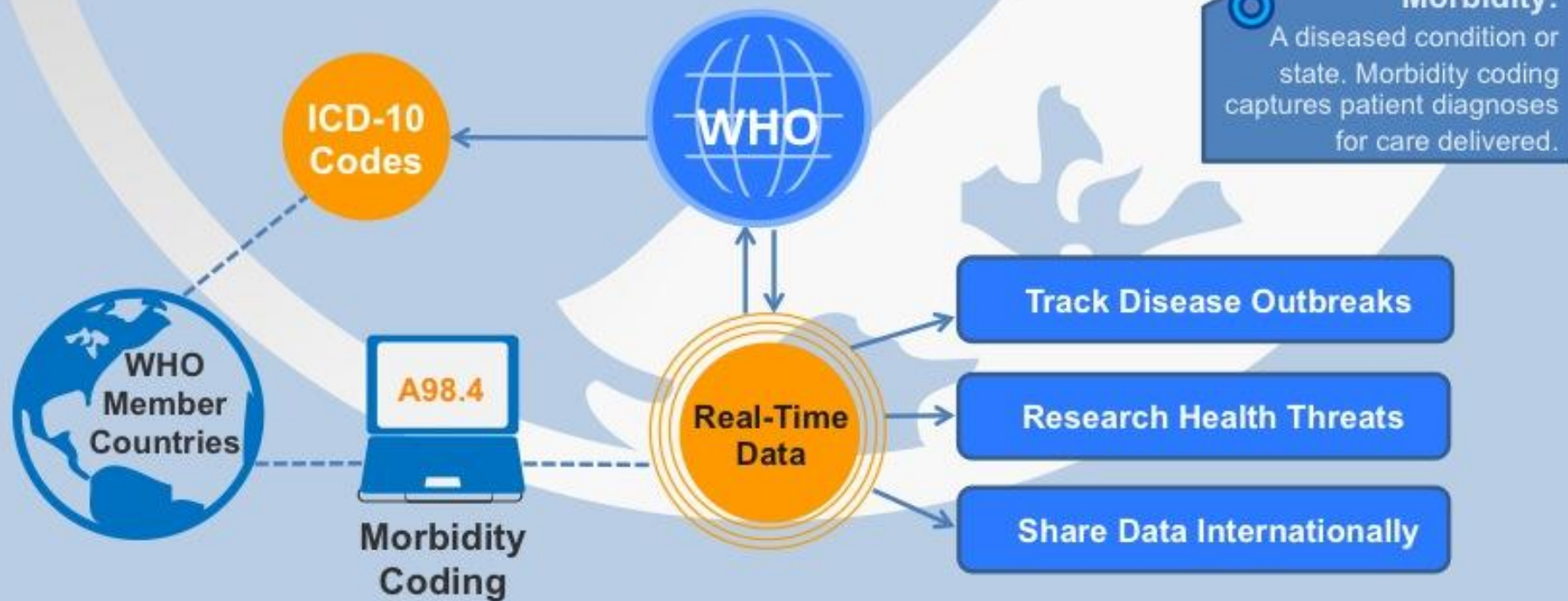


One specific  
**ICD-10** code  
for Ebola

ICD\* codes, published by the World Health Organization, are used to report morbidity and mortality

“A Public Health Emergency of International Concern”

World Health Organization (WHO)



## United States and ICD-9

The U.S. uses the ninth version of the ICD codes (ICD-9) to code morbidity. More than three decades old, ICD-9 lacks specific disease codes, making it difficult to analyze, research and alert the public to disease outbreaks in real-time.

## The World and ICD-10

With the exception of the United States, all of the world's industrialized nations use ICD-10 to code morbidity and report disease data to the World Health Organization. Precise codes support biosurveillance of public health threats.





**Difficult to monitor disease outbreaks; biosurveillance impeded**

**Disease research limited by lack of verifiable, aggregate data**

**Limited ability to share data internationally**

**Difficult to assess efficacy of treatment and outcomes**

**Reduced ability to notify WHO of public health emergencies in real-time**

**Difficult to determine survival and mortality rates**

## Public Health

Coding morbidity with ICD-9 severely limits the U.S.'s ability to immediately track and respond to global health threats like Ebola.

### ICD-10



Capture

Verify

Analyze

Share

Real-time

**Learn more about ICD-10 from the Coalition for ICD-10**

[www.coalitionforicd10.org](http://www.coalitionforicd10.org)

**Learn more about Ebola**

[www.who.int/ebola](http://www.who.int/ebola)

[www.cdc.gov/ebola](http://www.cdc.gov/ebola)



# Chapter 10

## Diseases of the respiratory system

### Instructions/Content

- **Code Range: J00-J99**

- When a respiratory condition is described as occurring in more than one site and is not specifically indexed, it should be classified to the lower anatomic site (e.g. tracheobronchitis to bronchitis in J40)
- Use additional code, where applicable, to identify tobacco use or exposure

**Chapter 10 contains the following block – 1<sup>st</sup> character is J**

<b>J00-J06</b> Acute upper respiratory infections	<b>J80-J84</b> Other respiratory diseases principally affecting the interstitium
<b>J09-J18</b> Influenza and pneumonia	<b>J85-J86</b> Suppurative and necrotic conditions of the lower respiratory tract
<b>J20-J22</b> Other acute lower respiratory infections	<b>J90-J94</b> Other diseases of the pleura
<b>J30-K39</b> Other diseases of upper respiratory tract	<b>J95</b> Intraoperative and postprocedural complications and disorders of respiratory system, not elsewhere classified
<b>J40-J47</b> Chronic lower respiratory diseases	<b>J96-J99</b> Other diseases of the respiratory system
<b>J60-J70</b> Lung diseases due to external agents	





# Chapter 10

## Diseases of the respiratory system

### Coding Guidelines

- **Influenza due to certain identified influenza viruses**
  - Code only confirmed cases of influenza due to certain identified influenza viruses (category J09), and due to other identified influenza virus (category J10)
    - “Confirmation” does not require documentation of positive laboratory testing specific for avian or other novel influenza A or other identified influenza virus
    - Coding may be based on the provider’s diagnostic statement that the client has avian influenza, or other novel influenza A, for category J09, or has another particular identified strain of influenza, such as H1N1 or H3N2, but not identified as novel or variant, for category J10
  - If the provider records “suspected” or “possible” or “probable” avian influenza, or novel influenza, or other identified influenza
    - Use the appropriate influenza code from category J11, Influenza due to unidentified influenza virus
    - Do Not assign codes from category J09 or J10

A background image featuring a stethoscope on the left and several colorful, numbered tabs (1-10) on the right, suggesting a medical or organizational context.

## Chapter 18

### Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified CMS Comments Related to Chapter 18 codes

- Specific diagnosis codes should be reported when they are supported by:
  - medical record documentation, and
  - clinical knowledge of the patient's health condition
- Codes for signs/symptoms have acceptable, even necessary, uses
  - There are instances when signs/symptom codes are the best choice for accurately reflecting a health care encounter
  - If a definitive diagnosis has not been established by the end of the encounter, it is appropriate to report codes for sign(s) and/or symptom(s) in lieu of a definitive diagnosis
- Each health care encounter should be coded to the level of certainty known for that encounter



# Chapter 18

## Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified Content

Chapter 18 contains the following block – 1<sup>st</sup> character is R

R00-R09	Symptoms and signs involving the circulatory and respiratory systems	R50-R69	General symptoms and signs
R10-R19	Symptoms and signs involving the digestive system and abdomen	R70-R79	Abnormal findings on examination of blood, without diagnosis
R20-R23	Symptoms and signs involving the skin and subcutaneous tissue	R80-R82	Abnormal findings on examination of urine, without diagnosis
R25-R29	Symptoms and signs involving the nervous and musculoskeletal systems	R83-R89	Abnormal findings on examination of other body fluids, substances and tissues, without diagnosis
R30-R39	Symptoms and signs involving the genitourinary system	R90-R94	Abnormal findings on diagnostic imaging and in function studies, without diagnosis
R40-R46	Symptoms and signs involving cognition, perception, emotional state and behavior	R97	Abnormal tumor markers
R47-R49	Symptoms and signs involving speech and voice	R99	Ill-defined and unknown cause of mortality



# Chapter 18

Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified

## Coding Guidelines

- Use of symptom codes
  - Codes that describe symptoms and signs are acceptable for reporting purposes when a related definitive diagnosis has not been established (confirmed) by the provider
- Use of a symptom code with a definitive diagnosis code
  - Codes for signs and symptoms may be reported in addition to a related definitive diagnosis
    - When the sign or symptom is not routinely associated with that diagnosis, such as the various signs and symptoms associated with complex syndromes
    - The definitive diagnosis code should be sequenced before the symptom code
  - Signs or symptoms that are associated routinely with a disease process should not be assigned as additional codes, unless otherwise instructed by the classification
  - When a combination code that identifies both the definitive diagnosis and common symptoms of that diagnosis, do not code the symptom





# Chapters 1, 10, 18

Certain Infectious and Parasitic Diseases, Respiratory Diseases, Signs/Symptoms

## Questions/Group Exercise

- Questions?
- **Scenario 1:** *24 year old male walks into the health department complaining of fever, sore throat, muscle pain and headaches. He states he just returned from a business trip to Nigeria. Quarantine protocol is initiated for possible Ebola virus.*
- **Scenario 2:** *An 18 year old female presents to STD clinic complaining of heavy vaginal discharge and lower right abdominal pain for three days. She has only had sexual relations with one male and she is not aware if he has an STD but she wants to be checked. Examination findings consistent with Pelvic Inflammatory Disease.*





# STD, HIV, Communicable Disease True/False Quiz

1. Any time a vaccine is administered, Z23 will be used as the diagnosis code.
2. Infectious diseases that occur during pregnancy are coded using Chapter 1
3. Before coding HIV positive, there must be a positive serology or culture for HIV in the client's record
4. If the documentation states the client has AIDS, always code B20, HIV disease
5. All infections are classified using Chapter 1
6. If the clinician suspects influenza but cannot confirm the type, use codes in category J11
7. When a combination code that identifies both the definitive diagnosis and common symptoms of that diagnosis, code the symptoms



# STD, HIV, Communicable Disease Coding Exercises

Use the Coding Steps to Code the following scenarios/diagnoses

#	Scenario/Diagnosis	Answer
1	A 42 year old woman who was exposed to TB during a family visit comes in to begin prophylactic treatment.	
2	A 35 year old male visits the health department to receive results of a TB skin test that is required for employment. When the skin test is read, it is positive 10mm.	
3	A patient presents to the TB Clinic with a note from his Primary Care Physician (PCP) stating he has a 25mm reading of his PPD and requires further evaluation. PCP also reports patient with productive cough x 2 months, 15 lb wt loss over 3 months, fatigue, and night sweats.	
4	Patient presents to STD clinic stating he has been in contact with Chlamydia. Complains of sporadic, mild testicular pain for a couple of days. Denies any penile discharge or dysuria. Partner treated 2-3 weeks ago; no sex since.	
5	A 21 year old male comes in to STD clinic complaining of a urethral discharge; testing indicates that he has gonorrhea.	
6	A 32 year old patient is seen in the STD clinic for STD testing. It is discovered the patient has a yeast infection.	



# STD, HIV, Communicable Disease Coding Exercises

Use the Coding Steps to Code the following scenarios/diagnoses

#	Scenario/Diagnosis	Answer
7	33 year old male is seen for with severe nausea and vomiting that started yesterday after eating at a Chinese restaurant. Dx: Acute case of bacterial food poisoning due to Salmonella	
8	26 year old female is HIV positive and presents with fever and shortness of breath. Chest x-ray and sputum culture were done. Diagnosis: Pneumocystis Pneumonia due to AIDS.	
9	A 16 year old female visits the health department and asked “to be tested” because she says she has been told that she has been exposed to an STD but doesn’t know what kind of STD. She tells the nurse that she just wants “to be checked” to be sure she doesn’t have any kind of STD. She has had multiple male partners.	
10	Male patient presents to clinic for HIV and STD testing. He reports some mild dysuria and one week ago he had flu –like symptoms with high fever. Reports that he has had multiple unprotected sexual partners and sexual encounters which include same sex partners.	



# Evaluation and Questions

Evaluation Forms are located at:

[http://publichealth.nc.gov/lhd/icd10/docs/training/Coding  
TrainingEvaluationFormforSept2014~Training.pdf](http://publichealth.nc.gov/lhd/icd10/docs/training/CodingTrainingEvaluationFormforSept2014~Training.pdf)

Submit Evaluation Forms and Questions to:

[Sarah.Brooks@dhhs.nc.gov](mailto:Sarah.Brooks@dhhs.nc.gov)